



WESTPORT CONNECTICUT

ASSESSOR'S OFFICE

110 Myrtle Avenue, Westport, CT 06880

Phone: 203-341-1070 Fax: 203-341-1136

INSTRUCTIONS FOR BOARD OF ASSESSMENT APPEALS FORM

Fill in the top half making sure you include your reason for appeal. Also, please note dates you are **not** available for meetings.

Please do not write below the dotted line.

Any pertinent documentation for your appeal should be brought to your meeting and not submitted with the application.

The owner is the appellant unless they are being represented by someone else. If you are being represented, please be sure that your representative has a permission letter from the owner to appeal the property. This letter must be brought to your meeting.

Two copies of the form must be returned to:

WESTPORT TOWN HALL
BOARD OF ASSESSMENT APPEALS
ROOM 104
WESTPORT, CT 06880

One copy of the form will be returned to you with the room date and time of your meeting. Most meetings last approximately 15 minutes.

If you do not hear back from our office with your hearing date within one week please call 203-341-1070 to verify that your application has been received.

**ALL APPLICATIONS MUST BE RECEIVED IN THE ASSESSOR'S OFFICE BY
CLOSE OF BUSINESS – 4:30 P.M. ON MONDAY, MARCH 20, 2006.**

THANK YOU.

**TOWN OF WESTPORT
PETITION TO BOARD OF ASSESSMENT APPEALS**

List Year: 2005
List No. _____

MUST BE FILED BY MARCH 20, 2006

By authority of Public Act 9-23 of the State of Connecticut

**Please print or fill in on the computer the following information
about each property being appealed. Print 3 copies; keep one
for your records. Form cannot be e-mailed.**

**TWO COPIES OF THE FORMS MUST
BE RETURNED TO:
WESTPORT TOWN HALL
BOARD OF ASSESSMENT APPEALS
110 MYRTLE AVENUE
WESTPORT CT 06880**

Grand List of October 1, 2005

Property Owner's Name _____ Telephone contact: _____

Property Location _____
(number and street)

Appellant's Name _____ Property Type: _____
(residential, commercial, personal property, motor vehicle)

Mailing Address: _____
(where correspondence should be sent)

Total Assessment: _____

BRIEFLY STATE YOUR REASON FOR APPEAL:

Appellant's estimate of market value: _____

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For Official Use only

BOARD ACTION

No Change _____ Reduced _____ Increased _____

ASSESSMENT CHANGED AS FOLLOWS

From: _____

To: _____

Land _____

Land: _____

Building _____

Building _____

Other _____

Other _____

Total _____

Total _____

Dated: _____

Signed: _____

**DATE AND TIME OF HEARING AT
TOWN HALL**

Room: _____

Date: _____

Time: _____